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Bib Data Sheet

CONFIRMATION NO. 1369

SERIAL NUMBER 10/616,323	FILING OR 371(c) DATE 07/09/2003 RULE	CLASS 435	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. MBHB 03-411-A
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/418,128 10/10/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
10/03/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NM	SHEETS DRAWING 1	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

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TITLE

Hyperglycosylated hCG (invasive trophoblast antigen) in differential diagnosis of malignant or invasive trophoblastic disease

FILING FEE RECEIVED 791	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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